BEST AVAILABLE COPY

	PAIENIA	Effect	Rυ		KD-	-2	8,41	16				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			29				RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			29 minus 20=		* 9		X\$	X\$ 9=		OR	X\$18=	162
INDEPENDENT CLAIMS			(minus 3 =		* 3		X4	X42=		OR	X84=	252
MUI	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+14	+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0"						olumn 2	TO			OR		1154
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OTHER THAN		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	** 0	29	=	X\$	9=		OR	X\$18=	
	Independent	* 4	Minus	***	6	=	X4	2=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	IT CLAIM		+14	10=.		OR	+280=	
								OTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT	. FEE			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER TIOUSLY D FOR	PRESENT EXTRA		TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	IT CL AIM	=	X4	2=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF M	OLTIPLE DEI	PENDEN	II CLAIN		+14	10=		OR	+280=	
							ADDI1	OTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	umn 2)	(Column 3)		. 1 LL			ADDII: 1 CE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER (IOUSLY D FOR	PRESENT EXTRA	Γ	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X4	2=		OR	X84=	
	FIRST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM									1		
١.	If the entry in colu	ımn 1 is less than	the entry in col	umn 2 wr	rite "O" in co	olumn 3		40=		OR		.
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT, FEE	<u> </u>
	The "Highest Nur	mber Previously P	aid For" (Total	or Indeper	ndent) is th	e highest numb	er found in	the ap	opropriate bo	x in c	olumn 1.	

Application or Docket Number